

## Instructions for Reporting Data on the 2007-2008 Composite Child Outcomes Form

### Description of the Composite Child Outcomes Rating Form:

The composite form summarizes all of the individual child outcomes ratings for your EEE program. The form is pre-loaded with the names, birthdates, gender, and permanent numbers of children who were reported in your December 1, 2007 Child Count. If a child was included in your 2005-2006 or 2006-2007 Child Outcomes reports, the entry ratings you submitted are included as well. **Be certain to only complete and return the composite form that is stamped "official" which is included in the mailing sent to the special education director. Please do NOT send the individual child outcomes rating forms (purple forms) to the DOE; these are to be placed in the child's folder.**

### STEPS for Completing the Composite Child Outcomes Rating Form:

#### 1. Verify that the list includes all of the children who received services in your EEE program during 2007-2008.

- a. Add the name, birth date, gender, etc. of children who were in your program but who do not appear on the list.
- b. If a child's name appears on the list, but she or he never received EEE services in your district, please draw a line through the name.

#### 2. Complete the background information column for each child.

- a. **Gender** – Use "F" for FEMALE, and "M" for MALE. If the information provided is not correct, please correct.
- b. **Area of Disability** – Most of the children in your EEE program are eligible due to "developmental delay." What is each child's major area of delay? Is the child's speech delayed or are the delays primarily in the "social/emotional" areas? Please use the list provided below to identify the child's major area of disability or medical condition, and write the corresponding letter in the "area of disability" column.

#### **Code    Area of developmental delay**

- A – adaptive/coping skills
- B – social/emotional
- C – cognitive (reasoning, processing)
- D – speech (articulation/fluency only)
- E – expressive/receptive language
- F – fine or gross motor
- G – global delay

#### **Code    Medical Condition**

- H – hearing impairment
- I – visual impairment
- J – PDD-NOS
- K – Autism Spectrum Disorder
- L – ADHD
- M – Down Syndrome
- N – cerebral palsy
- O – Other medical condition

- c. **In FITP?** – If the child received FITP services, please write “Y” for “yes”. If the child did not receive FITP services, write “N” for “no.” Be certain to write either Y or N; please do not leave blank.
- d. **Date EEE Services Began** – Please write the Month-Date-Year the child entered **your** EEE program. “Date EEE Services Began” is defined as the date the child’s EEE services are initiated; it is the date that appears on the IEP cover page.
- e. **Date Exited Program** – Please write the Month-Date-Year the child exited **your** EEE program. A child may have exited EEE because the child no longer needed services, the family moved out of the district, the family declined services, or the child transitioned to kindergarten or first grade.

### 3. Outcomes 1, 2, and 3 – ENTRY DATA

- a. Fill in the **Entry Data** for new children on your composite list from their Individual Child Outcomes Summary Forms.
- b. We have provided the entry data for children you reported on last spring. **If you need to revise a child’s entry ratings, you may.** Draw a line through the rating provided and fill in the correct rating.

### 4. Outcomes 1, 2, and 3 – EXIT DATA

- a. For all of the children who are leaving or left your EEE program **and** who have been in your program **at least six months**, fill in the **EXIT** ratings for the three outcome areas that are recorded on the child’s Individual Child Outcomes Summary Form.
- b. **Progress? Y/N** – If the team has determined that the child made progress in Outcome #1, print “Y” for “yes” in the space provided. If the team did not see evidence of progress in this outcome area, then print “N” for “no”. Answer the progress question for Outcome #2 and #3. Remember, it is possible for a child to make progress despite receiving the same entry and exit rating.

**Composite Child Outcomes Follow-Ups: 2007-2008** If we are missing data from your district, you will find an additional composite form that includes the children for whom we do not have complete data. Please fill in the missing data using the instructions provided above.

**VERIFICATION FORM: Sign and date the verification form.** The EEE coordinator/teacher **and** the Director for Special Education must sign and date the official one verification.

**Return the completed composite form (the one stamped “official”) to the Department of Education ON or BEFORE JULY 15, 2008.**

Mail the form to:

Shirley Rawson  
Early Education Team  
Vermont Department of Education  
120 State Street  
Montpelier, VT 05620-2501

If you have any questions, do not hesitate to contact Kate Rogers ([kate.rogers@state.vt.us](mailto:kate.rogers@state.vt.us) or 828-5115) or Manuela Fonseca ([manuela.fonseca@state.vt.us](mailto:manuela.fonseca@state.vt.us) or 828-3850).

Thank you!